

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DDC Advocacy</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 25 / 2016</b>		
Mailing Address 805 15th Street, N.W. Suite 300			Amount <b>50000.00</b>		
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.5288</b>		
Purpose of Expenditure Online advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>DDC Advocacy</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 24 / 2016</b>		
Mailing Address 805 15th Street, N.W. Suite 300			Amount <b>931.98</b>		
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.5290</b>		
Purpose of Expenditure Voter contact-telephone calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>50931.98</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jamie Jodoin*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**03 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603621
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>McCarthy Hennings Whalen, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 25 / 2016</b>
Mailing Address 1850 M Street, N.W., #235		Amount 11359.51
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Media production	Category/Type	Transaction ID : <b>SE.5279</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mentzer Media Services, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 25 / 2016</b>
Mailing Address 210 W. Pennsylvania Avenue Suite 250		Amount 962510.00
City Towson	State MD	Zip Code 21204
Purpose of Expenditure Media placement	Category/Type	Transaction ID : <b>SE.5284</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	973869.51
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Jamie Jodoin*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SPL Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 25 / 2016</b>	
Mailing Address <b>107 S. West Street, #461</b>		Amount <b>12117.61</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.5281</b>
Purpose of Expenditure <b>Media production</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Donald J. Trump</b>		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>The Tarrance Group, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 25 / 2016</b>	
Mailing Address <b>201 N. Union Street Suite 410</b>		Amount <b>34134.00</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.5286</b>
Purpose of Expenditure <b>Research</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Donald J. Trump</b>		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>46251.61</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>1071053.10</b>

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*Jamie Jodoin*

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Date

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**03 / 25 / 2016**

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